Over the decades, many variations of facelift techniques have been introduced to specifically address the platysma and the neck. Yet, limitations to improvements remain when dealing with the obtuse cervical angle, excessive subplatysmal fatty tissue, or a recessed mentum. These anatomical variations are exacerbated in the presence of excess facial and cervical tissues associated with aging and fat accumulation. More than 2 decades ago, the senior author (P.R.L.) began removing subplatysmal midline fat and medializing and suspending the medial borders of the platysma muscles as well as the medial borders of the anterior belly of the digastrics when these muscles contributed to the obtuse cervical angle. This technique was developed to address cases where lateral superficial musculoaponeurotic system (SMAS) suspension and submental platysma plication and medialization alone could not improve the cervicomental angle to the degree the senior author thought possible. The addition of this technique to lateral superficial musculoaponeurotic system (SMAS) suspension and submental platysma plication and medialization alone could not improve the cervicomental angle to the degree the senior author thought possible. The addition of this technique to lateral superficial musculoaponeurotic system (SMAS) suspension and submental platysma plication and medialization alone could not improve the cervicomental angle to the degree the senior author thought possible. The addition of this